



# BLUE MOUNTAIN RECOVERY

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## Grievance Form

RESIDENT NAME: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

Verbal/Date Filed \_\_\_\_\_ Written/Date Filed \_\_\_\_\_

Complaint/Grievance Received By:

\_\_\_\_\_

COMPLAINT/GRIEVANCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESOLUTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the complaint/grievance with the complainant and filed all pertinent information, which has been agreed upon with the complainant.

\_\_\_\_\_

Signature of Person Making Complaint Grievance Date

\_\_\_\_\_

Signature of Person Taking Complaint Grievance Date

Distribution: Original – Resident Copy – Resident File

